

**Election Notification**  
**Indian Pharmacological Society**  
**Executive Committee – 2024-2026**

**VACANT POSTS**

| I.  | Post                      | No. of Post |
|-----|---------------------------|-------------|
| 1.  | President                 | 1           |
| 2.  | Vice President            | 2           |
| 3   | General Secretary         | 1           |
| 4   | Finance Secretary         | 1           |
| 5   | Secretary (International) | 1           |
| 6   | Secretary (Clinical)      | 1           |
| 7   | E C Member (as specified) | 6           |
| i   | North Zone                | 1           |
| ii  | South Zone                | 1           |
| iii | East Zone                 | 1           |
| iv  | West Zone                 | 1           |
| v   | Lady Member               | 1           |
| vi  | Overseas / International  | 1           |

**ELECTION PROCESS -2023**

- Announcement of Election date: 1<sup>st</sup> Week of August 2023
- Last date of Nomination: **25<sup>th</sup> August 2023**
- Last date of withdrawal of Nomination: 30<sup>th</sup> August 2023
- E-voting: 1<sup>st</sup> September 2023 to 5<sup>th</sup> September 2023

**Declaration of Results: 1<sup>st</sup> November 2023/IPSCON 2023.**

- As per IPS Constitution-7/7.4.1.2, A and Bye-Laws 7.7.1 and 7.7.2
- The Nomination forms can be printed from the website.
- The Scanned copies of Nominations are acceptable only if the original is received in one week's time by Election Officer.

**Election Officer - 2023:** Dr. B. Kalakumar, General Secretary – IPS & Election Officer -2023:

**Mobile:** 09441242213

**E-mail:** bkalakumar@rediffmail.com

***Mandatory information to receive Society Activities & Hard Copy or E-Journal (IJP)***

**This form can be sent directly by post /mail or submitted from the website: [www.indianpharmacology.org](http://www.indianpharmacology.org)**

**Prof. / Dr. / Ms. /Mr. / Smt. / Sri.** (Please tick as per your choice)

**Name:** \_\_\_\_\_  
 First Middle Surname

**Search Name:** \_\_\_\_\_ (Ex: Prof. Anil Kumar Bharatraj,-search name can be Anil Kumar or Anil or Kumar)

**Designation:** \_\_\_\_\_

**Membership No\*.** \_\_\_\_\_ (Please go through the website and click scrolling message to know the membership no.)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin** \_\_\_\_\_

**Phone (O)** \_\_\_\_\_ **(R)** \_\_\_\_\_ **(M)** \_\_\_\_\_

**Email:** \_\_\_\_\_

- **Do you wish to receive the Journal ?**  Yes  No
- 'If yes' mark your preference  Electronic copy  Hard copy
- **Do you wish to get mobile alert for IPS activity?**  Yes  No

**INDIAN PHARMACOLOGICAL SOCIETY**  
**Election Notification - Executive Committee - 2024 – 2026**  
**Announcement for verification of members list**

| I.   | Post                      | No. of Post | Duration                             |
|--|---------------------------|-------------|--------------------------------------|
| 1.   | President                 | 1           | 1st April 2024- 31March 2026 (2yrs)  |
| 2.   | Vice President            | 2           |                                      |
| 3.   | General Secretary         | 1           | 1st April 2024 -31 March 2027 (3yrs) |
| 4.   | Finance Secretary         | 1           |                                      |
| 5.   | Secretary (International) | 1           |                                      |
| 6.   | Secretary (Clinical)      | 1           |                                      |
| 7.   | E C Member (as specified) | 6           | 1st April 2024- 31March 2026 (2yrs)  |
| i  | North Zone                | 1           |                                      |
| ii   | South Zone                | 1           |                                      |
| iii  | East Zone                 | 1           |                                      |
| iv   | West Zone                 | 1           |                                      |
| v  | Lady Member               | 1           |                                      |
| vi   | Overseas / International  | 1           |                                      |
| <ol style="list-style-type: none"> <li>1. Please check your membership details on the website <a href="https://indianpharmacologicalsociety.org/">https://indianpharmacologicalsociety.org/</a> and provide the necessary information in the following format by 25<sup>th</sup> August 2023.</li> <li>2. The election date and receipt of nominations, and withdrawal will be available on the website from 30<sup>th</sup> August, 2023.</li> <li>3. E-voting process will start from 1<sup>st</sup> September 2023 to 5<sup>th</sup> September 2023</li> <li>4. Counting of ballots on 7th September 2023 in the Executive Committee</li> <li>5. Results will be declared to hand over the charge to the next elected committee on 1<sup>st</sup> November 2023.</li> <li>6. Elections for all the above positions will be conducted as per the by-laws.</li> </ol> <p style="text-align: center;">Dr. B. Kalakumar, General Secretary – IPS &amp; Election Officer -2023:<br/> <b>Mobile: 09441242213</b><br/> <b>E-mail: bkalakumar@rediffmail.com</b></p> <p style="text-align: center;">Election observer will be Dr. T. K. Mandal (Vice President), Dr. Mira Desai (Vice President), Dr. Trupti Swain, (Past Vice President)</p> |                           |             |                                      |

**Prof. / Dr. / Ms. /Mr. / Smt. / Sri.** (Please tick as per your choice)

**Name:** \_\_\_\_\_  
First Middle Surname

**Search Name:** \_\_\_\_\_ (Ex: Prof. Anil Kumar Bharatraj, - search name can be **Anil Kumar or Anil or Kumar**)

**Designation:** \_\_\_\_\_

**MembershipNo\*:** \_\_\_\_\_ (Please go through the website [www.indianpharmacology.org](http://www.indianpharmacology.org) to know the membership no.)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin** \_\_\_\_\_

**Phone (O)** \_\_\_\_\_ **(R)** \_\_\_\_\_ **(M)** \_\_\_\_\_

**Email:** \_\_\_\_\_

|  |                          |               |                                     |           |
|--|--------------------------|---------------|-------------------------------------|-----------|
| <input type="checkbox"/> Do you wish to receive the Journal?               | <input type="checkbox"/> | Yes           | <input type="checkbox"/>            | No        |
| <input type="checkbox"/> 'If yes' mark your preference                     | <input type="checkbox"/> | Electronic cd | <input checked="" type="checkbox"/> | Hard copy |
| <input type="checkbox"/> Do you wish to get mobile alert for IPS activity? | <input type="checkbox"/> | Yes           | <input type="checkbox"/>            | No        |

**This is a mandatory requirement**